

MINUTES
CHILD PSYCHIATRIC MEDICATIONS WORK GROUP
October 13, 2010

Attending:

Charlie Biss, DMH
Melissa Bailey, AHS
Cath Burns, WCMH
Doreen Chambers, BISHCA
Anne Donahue, Leg.
Nancy Hogue, DVHA
Vicki Loner, DVHA
Diane Neal, MedMetrics/DVHA
Barbara Noordsy, WCMH
Marion Paris, DCF
Amy Roth, DAIL

Bill McMains, MD, DMH
Patricia Berry, UVM
Delores Burroughs-Biron, MD, DOC
Linda Cramer, DRVT
Michael Farber, MD, DVHA
Ken Libertoff, VAMH
Charles MacLean, MD, UVM/FAHC
Doug Norford, RMHS
David O'Vitt, DAIL
David Rettew, MD, UVM/FAHC

Review of Recommendations of May 4th, 2009

Charlie Biss reviewed the recommendations this group made concerning psychiatric medications for children at its last meeting. Those included:

1. Ask OVHA (now DVHA) to expand the DUR membership to include a child psychiatrist and a pediatrician. A child psychiatrist has been added to the DUR. Also to reinstate the Psychopharmacy Subcommittee.
2. Ask BISHCA to suggest to private insurers that they develop their annual quality improvement project to include psychopharmacy for children. This was done and they have agreed to provide any requested data and are very interested in academic detailing on this issue.
3. Develop a workgroup with VCHIP and UVM to work with primary care providers to disseminate best practices. This work group is meeting and will have specific suggestions for this meeting about the area of focus later in this meeting.
4. Establish a workgroup to review trends and areas of potential concern. This workgroup has had several meetings. Since the data available is of limited utility, it was decided to develop data to support the academic detailing work.
5. Explore existing websites that can be linked to DMH website regarding psychiatric medications for children that would inform parents and guardians about the medications.

Comments following included one from Ken Libertoff that the process has taken too long and one from Dr. Burroughs-Biron that the problems seen in DOC often stem from childhood including use of medications. She supported moving ahead assertively. She also would like to see adult issues added. She informed us she is leaving as DOC Medical Director but there would continue to be a DOC presence on this work group after she is gone.

Review Progress on Challenges for Change

1. **Savings of \$300,000** required in the law. The review of psychiatric medication use indicated low dose Seroquel prescribed for treating sleep and anxiety symptoms was frequent and costly. Much less expensive alternatives are available. A group of psychiatrists statewide held a conference call with DVHA personnel and recommended that a system be set up to move use of low dose Seroquel to these less expensive alternatives while allowing use for treating psychosis to proceed unimpeded.

They also recommended that use in children be continued to be reviewed. There was some interest of the child psychiatrists in having a prior authorization for Seroquel for children to restrict its uses to those with FDA approval and not allow off label uses. No final decision was arrived at on that idea.

DVHA personnel reviewed the difficulties of addressing low dose Seroquel for sleep/anxiety. The two primary problems are that (a) use for treating psychosis typically starts at a low dose and (b) the data does not collect reasons for use of medications. Dr. Burroughs-Biron reviewed the success DOC had in addressing the off-label uses in correctional centers with considerable savings achieved. She also made the point that DOC reflects the community practices so needs to be part of any discussions of the health of the public. Ken Libertooff advocated for a broad representative group as part of the discussions. Dr. Rettew made the point that this group had already concluded that the data available was not sufficient to answer the question of appropriateness, so we should continue to move on to actions that will have an impact.

2. ***The use of the prescription monitoring system*** to review use of psychiatric medications with children was not thought to be possible because the current system only monitors controlled substances, which would basically only cover the stimulants and the benzodiazepines. The Department of Health had also made it clear that they did not want to convert the system to a heavy handed oversight system but wished to keep it a helpful system for physicians. Basically such a change of purpose would eliminate the original purpose of the monitoring system.
3. DVHA presented ***data on use of multiple psychiatric medications*** with children and the incidence was low. The work group looking at trends, which has five child psychiatrists working with them, concluded that monitoring data in the absence of further efforts (*e.g.*, academic detailing) would not help us move to evidence based practices.

The recommendations of this work group are to:

- adopt the standards of the American Academy of Child and Adolescent Psychiatry for ADHD and anxiety/depression, and
- develop academic detailing to address the primary care practices in these two areas.

Patricia Berry reviewed the work VCHIP has already done in this area. Dr. MacLean reviewed the way academic detailing worked with primary care.

Ken Libertooff proposed and it was unanimously passed that the group recommend that some of the Pharma lawsuit monies be set aside for academic detailing as well as supporting use of telepsychiatry to expand child psychiatry consultation to primary care.

The group was asked for endorsement of the concepts presented above and general agreement was expressed.

Next Steps

- The trend monitoring work group will review the recommendations from this group and finish the Challenges for Change report to the legislature.
- Another meeting of this group will be scheduled to review the draft report for further input.
- Diane Neal noted that historically DVHA was concerned about blocking access to medications, but this group seemed less concerned about this as an issue.